

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026733

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317  
FILED JUL 1 1963

Primary Registration District No. 500 Registrar's No. 1992

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 <u>4000</u>			
2 <u>4000</u>			
3			
4 <u>0</u>			
5 <u>1</u>			
6			
7 <u>0</u>			
8 <u>2</u>			
9 <u>163X</u>			
10			
11			
12 <u>90-0</u>			
13			
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Town &amp; Country</u>		c. CITY OR TOWN <u>Town &amp; Country</u>	
Length of stay in 1b <u>7 1/2 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>#14 West Point Lane</u>		d. STREET ADDRESS (If outside, give location) <u>#14 West Point Lane</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>WALTER</u> Middle <u>H.</u> Last <u>OSWALD</u>		4. DATE OF DEATH Month <u>June</u> Day <u>20</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/28/98</u>
9. AGE (last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Executive Vice Pres.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Alvey Conveyor Mfg.</u>	
11. BIRTHPLACE (City and state or country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Henry Oswald</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Heuer</u>	
14. NAME OF HUSBAND OR WIFE <u>Hilda Oswald</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W.I</u>		16. SOCIAL SECURITY NO. <u>W.W.I</u>	
17. INFORMANT Address <u>Mrs. Walter Oswald, #14 West Point Lane, 31</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis, generalized</u> DUE TO (b) <u>Carcinoma of lung</u> DUE TO (c) <u>1 year</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3:30</u> a.m. p.m. Month, Day, Year <u>6/20/63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1961</u> to <u>present</u> and last saw him alive on <u>6/20/63</u> Death occurred at <u>3:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Walter T. Rouse M.D.</u>		22b. ADDRESS <u>100 N. Euclid</u>	
22c. DATE SIGNED <u>6/21/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/24/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	
23d. LOCATION (City, town, or county) <u>St. Louis County, Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Bopp Chapel, Kirkwood, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-21-63</u>	
26. REGISTRAR'S SIGNATURE <u>John B. Murphy</u>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Francis J. Myland Jr.*

Licensed Embalmer No. 4512

P. O. Address

*Highland, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.